



Annual Report of Operations for Year 2018

To comply with NPDES General Permit No. WAG130000 for Federal Aquaculture Facilities and Aquaculture Facilities Located in Indian Country within the Boundaries of the State of Washington

NPDES # for your Facility:	
WAG-13-0024	
Facility & Owner Information	n
Facility Name: Brooks Tract Acclimation Pond, Chi	ef Joseph Salmon Hatchery
Operator Name (Permittee): Colville Confederated Tribes, Fish &	k Wildlife Dept.
Address: Chief Joseph Sappmon Hatchery, 38 H Brooks Tract Acclimation Pond 23 Broo	
Email: MatthewM@colvilletribes.com	Phone: 509-631-1870
Owner Name (if different from operator): Colville Confederated Tribes	
Email:	Phone:
Best Management Practices Has the BMP Plan been reviewed this year? Does the BMP Plan fulfill the requirements of the	Yes No
Summarize any changes to the BMP Plan since N/A	the last annual report. Attach additional pages if necessary.

Operations and Production

Total harvestable weight produced in the past calendar year in pounds (lbs): 14345.0 Pounds of food fed to fish during the maximum month: 2156

List the species grown or held at your facility and the annual production of each in gross harvestable weight. If fish were released rather than harvested, list the weight at time of release.

Species	Fish Produced	Receiving Water(s) to which Fish were Released	Month Released/ Spawned
summer Chinook	301246	Okanogan River	April
summer Chinook	281740	NA	NA

Fill in the table below with production numbers from the past year. List the **maximum** amount of fish on-site and the maximum amount of food fed **per month**.

Month	Total Fish (lbs)	Fish Feed (lbs)	Month	Total Fish (lbs)	Fish Feed (lbs)
January	10088.6	44	July	0	0
February	10830.6	88	August	0	0
March	12073.6	1760	September	0	0
April	14345.0	2156	October	0	0
May	0	0	November	10438.4	1408
June	0	0	December	10677.2	0

Additional Comments:		

Solid Waste Disposal

Describe the solid waste disposed of during the calendar year (including fish mortalities).

Type of Solid Disposed	Date Disposed	Location Disposed
natural fish mortality	weekly OctMay	local landfill
solids from settling basin	yearly in Sept or Oct.	approved upland area
Additional Comments:		

Fish Mortalities

Include a description and the dates of mass mortalities in the past year (more than 5% per week). Attach additional pages, if necessary. Include total mortalities from all causes.

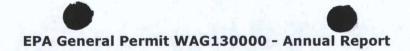
Date	Cause of Deaths	Steps Taken to Correct Problem	Pounds of Fish
F.A.			
litional Comm	ents:		

Noncompliance Summary

Include a description and the dates of noncompliance events (including spills), the reasons for the incidents, and the steps taken to correct the problems. Attach additional pages, if necessary.				
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Inspections & Repairs for Production & Wastewater Treatment Systems

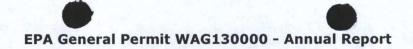
Date Inspected	Date Repaired	Description of System Inspected and/or Repaired



Aquaculture Drugs and Chemicals

Please indicate whether you used each drug/chemical **during the past calendar year**. Describe the use of each drug/chemical in more detail on the following pages.

Used in the past year?	Drug or Chemical		
□ Yes ■ No	Azithromycin		
□ Yes ■ No	Chloramine-T: See additional reporting requirements on page 7		
□ Yes ■ No	Chlorine		
□ Yes ■ No	Draxxin		
□ Yes ■ No	Erythromycin - injectable		
□ Yes ■ No	Erythromycin - medicated feed		
□ Yes ■ No	Florfenicol (Aquaflor)		
■ Yes □ No	Formalin - 37% formaldehyde: See additional reporting requirements on page 7		
□ Yes ■ No	Herbicide - describe:		
□ Yes ■ No	Hormone - describe:		
■ Yes □ No	Hydrogen Peroxide: See additional reporting requirements on page 7		
□ Yes ■ No	Iodine: See additional reporting requirements on page 7		
□ Yes ■ No	Oxytetracycline		
□ Yes ■ No	Potassium Permanganate: See additional reporting requirements on page 7		
□ Yes ■ No	Romet		
□ Yes ■ No	SLICE (emamectin benzoate)		
□ Yes ■ No	Sodium Chloride - salt		
□ Yes ■ No	Vibrio vaccine		
□ Yes ■ No	Other: Magnesium sulfate		
□ Yes □ No	Other:		



Aquaculture Drugs and Chemicals (cont'd)

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

Brand Name: Parasite -S		Generic Name: Formalin		
	diasis, saprolegniasis p	er pathologist		
Preventative/Prophylactic As-needed Total quantity of formulated product per treatment (specify units) 55 gal		Total quantity of formulated product used in past year (specify units): 495		
Date(s) of treatment: 10/29-31,11/1,11/6-	10		Total number of treatments in past year:	
Maximum daily volume of treated water: 6065280 gpd	Treatment concentration (specify units): 167ppm	Duration and frequency of treat 70minutes per day	tment(s):	
Method of application:	☐ Static Bath ☐ Flow-through	☐ Medicated Feed☐ Other (describe):		
Location in facility chemical was used (check all that apply):	☐ Raceways ☐ Incubation building	Ponds Off-line settling basin	☐ Other (describe):	
Where did water treated with this chemical go? (check all that apply):	■ Discharged w/o treatment □ Settling basin	☐ Septic System ☐ Publicly owned treatment works	☐ Other (describe):	
Provide any additional informat	ion about how this chemical was u	used and/or special pollution pre	evention practices during use:	
Brand Name:		Generic Name:		
Brand Name: Reason for use:		Generic Name:		
	Total quantity of formulated product per treatment:	Generic Name: Total quantity of formulated p (specify units):	roduct used in past year	
Reason for use:		Total quantity of formulated p	Total number of treatments in past year:	
Reason for use: Preventative/Prophylactic As-needed		Total quantity of formulated p	Total number of treatments in past year:	
Reason for use: Preventative/Prophylactic As-needed Date(s) of treatment: Maximum daily volume of	product per treatment: Treatment concentration	Total quantity of formulated p (specify units):	Total number of treatments in past year:	
Reason for use: Preventative/Prophylactic As-needed Date(s) of treatment: Maximum daily volume of treated water:	roduct per treatment: Treatment concentration (specify units):	Total quantity of formulated p (specify units): Duration and frequency of trea	Total number of treatments in past year:	
Reason for use: Preventative/Prophylactic As-needed Date(s) of treatment: Maximum daily volume of treated water: Method of application: Location in facility chemical was used	Treatment concentration (specify units): Static Bath Flow-through Raceways	Total quantity of formulated p (specify units): Duration and frequency of trea Medicated Feed Other (describe): Ponds	Total number of treatments in past year: tment(s):	

Aquaculture Drugs and Chemicals (cont'd) Additional Reporting Requirements for Water-Borne Treatments

- If a water-borne treatment was used during the calendar year, Permittees must include detailed records/calculations as an attachment to this Annual Report in order to demonstrate how the maximum effluent concentrations of solution and active ingredient were calculated for each chemical.
- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.
- See also Appendix D for the Chemical Log Sheet.

Static Bath Treatments			
Tank Volume		Liters	
Desired Static Bath Treatment Concentration		μg/L	
Volume of Product Needed		Liters Product	
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: Active Ingredient:	Specify Units	
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day		Specify Units	
Maximum % of Facility Discharge Treated		% of Total Discharge	

Flow-Through Treatments			
Tank Volume	1293727	Liters	
Calculated Flow Rate	15944.15	Liters/Minute	
Duration of Treatment	60	Minutes	
Desired Flow-Through Treatment Concentration of Product	167	μg/L	
Amount of Product to Add Initially	216.1	Liters Product	
Amount of Product to Add During Treatment	2658.9	mL/Minute	
Total Volume of Product Needed	375.5	Liters Product	
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: 1:6000 Active Ingredient: 37%	Specify Units	
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	22959576 L	Specify Units	
Maximum % of Facility Discharge Treated		% of Total Discharge	

Changes to the Facility or Operations

Describe any changes to the facility or operations since the last annual report.									
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Signature and Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly evaluate and gather the information submitted. Based on my inquiry of the person or persons, who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Matthew T. McDaniel	Chief Dseph Hatchery Manager
Printed name of person signing	Title
Mancher MS al	Jan. 16,2019
Applicant Signature	Date Signed

Submittal Information

Send the complete, signed information, along with any attachments, to the following address:

U.S. EPA Region 10, OWW-191

Washington Hatchery Annual Report

1200 Sixth Avenue, Suite 900

Seattle, WA 98101-3140

Facility Name:

Brooks Tract Acclimation Pond

NPDES permit #:

WAG-13-0024

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Year:	2018									
Date	Chemical Name	Active Ingredient	Amount Applied	Units	Duration of Treatment	Treatment Type	Flow Treated (cfs)	Total Effluent Flow (cfs)	Effluent Conc. (ppb)	Person Reportin
29-Oct	Parasite-S	37%Formaldehyde	45	gallons	70	drip	8.9	8.9	100000	awc
30-Oct	Parasite-S	37%Formaldehyde	55	gallons	70	drip	8.9	8.9	167000	awc
31-Oct	Parasite-S	37%Formaldehyde	55	gallons	70	drip	8.9	8.9	167000	awc
1-Nov	Parasite-S	37%Formaldehyde	55	gallons	70	drip	8.9	8.9	167000	awc
6-Nov	Parasite-S	37%Formaldehyde	55	gallons	70	drip	8.9	8.9	167000	awc
7-Nov	Parasite-S	37%Formaldehyde	55	gallons	70	drip	8.9	8.9	167000	awc
8-Nov	Parasite-S	37%Formaldehyde	55	gallons	70	drip	8.9	8.9	167000	awc
9-Nov	Parasite-S	37%Formaldehyde	55	gallons	70	drip	8.9	8.9	167000	awc
10-Nov	Parasite-S	37%Formaldehyde	55	gallons	70	drip	8.9	8.9	167000	awc
14.3										
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